

## PART B - FEE(S) TRANSMITTAL

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33031 7590 02/26/2007

CAMPBELL STEPHENSON ASCOLESE, LLP  
4807 SPICEWOOD SPRINGS RD.  
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Jonathan N. Geld

(Deponent's name)

(Signature)

(Date)

APPLICATION NO.	FLING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/096,273	02/20/2002	Rajendra R. Damla	CET0960PIUS	4849

TITLE OF INVENTION: FRAME STRUCTURE AND METHOD FOB WAVELENGTH CONCATENATED CHANNEL FRAMING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	05/29/2007

EXAMINER	ART UNIT	CLASS/SUBCLASS
COLTNER, KENNETH R	2141	709-236000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363); <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list <input type="checkbox"/> the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	<b>Campbell, Stephenson, LLP</b> 2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ceterus Networks, Inc.

Richardson, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **502306** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Jonathan N. Geld

Date **5/18/2007**

Typed or printed name

Registration No. **44,702**

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